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SCULLY, SCO 400 GARDEN CI	7590 02/27/2 FT, MURPHY & TY PLAZA		BIPE W	Certificate of Mailing or Transmission. I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile ransmitted to the USPTO (571) 273-2883, on the date indicated below.		
SUITE 300 05/16/GORDEN CITY 05/16/GORDEN INC	NX-11530	(MAV 1 & /////	Leopold Fres		(Depositor's name)
		\ <u>\</u>		Leopord		(Signature)
01 FC:1501 02 FC:1504	1400.00 300.00		TRADEMARKO	May 14, /200	<i>4</i>	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	pr /	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/519,416 TITLE OF INVENTION: S	12/12/2005 SELF-PROTECTING E	DEVICE FOR AN OBJ	Gunnar Pappert ECT		18479	7563
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	05/29/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	٦		
PIHULIC, DANIEL T		3662	342-067000	J		
☐ Change of correspondence address (or Change of Corresponder Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED			listed, no name will be printed.			
	s an assignee is identifi in 37 CFR 3.11. Comple			patent. If an assignee n assignment.	e is identified below, the doc	cument has been filed for
Diehl Muniti	onssysteme G	mbH & Co. Ko	3	Röthe	enbach, Germany	
Please check the appropriate	e assignee category or c	ategories (will not be p	rinted on the patent) :	Individual XXX Corp	poration or other private grou	p entity Government
4a. The following fee(s) are submitted: State Sta			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-1013/Seatthose an extra copy of this form).			
5. Change in Entity Status a. Applicant claims S NOTE: The Issue Fee and P	SMALL ENTITY status.	See 37 CFR 1.27.	d from anyone other than		ENTITY status. See 37 CFF	
Authorized Signature			May 14, 2007			
Typed or printed name _	Leopold/Pre	sser, Esq.		Registration No.	10 005	
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